

# THE MEDICAL AND SURGICAL REPORTER.

No. 576.]

PHILADELPHIA, MARCH 14, 1868. [Vol. XVIII.—No. 11.]

## ORIGINAL DEPARTMENT.

### Communications.

#### REPORT OF THE OUTBREAK OF THE YELLOW FEVER EPIDEMIC AT THE NAVAL STATION, PENSACOLA, FLOR- IDA, A. D. 1867.

The yellow fever epidemic of 1867, will long be remembered by the survivors, both from its severity, and its unusual range along the U. S. coast of the Gulf of Mexico, from Key West, Florida, to Corpus Christi, Texas, and inland to Lagrange, Texas, and Memphis, Tennessee.

At Pensacola, Florida, quarantine was established, May 21st, 1867, by military authority. On the 21st of June, the English ship "Fair Wind," arrived from Jamaica, W. I., in ballast, and in compliance with general rules, was ordered to quarantine for ten days. She had been reported by the Health Officer as remarkably clean, well ventilated, and well appointed in every respect, and with no sickness whatever on board, excepting the case of the steward, who was suffering from old age and general debility. During her quarantine, one man died very suddenly; reported to have complained somewhat—to have plunged overboard for a bath—and to have died very soon after, of congestion; but as the Health Officer was satisfied that the case did not warrant further detention, and as she had been thoroughly cleansed and fumigated, she was permitted to anchor one mile off Pensacola city, July 2d, to take in a cargo of lumber. Her ballast, of stone, freshly quarried from the rock at Kingston, Jamaica, was taken to fill in under and about the wharf at Pensacola, between high and low water.

In this connection, it may be well to state, that the daily papers contained a statement

under date of Washington, July 6th, to the effect that the U. S. Consul at Kingston, Jamaica, under date of June 6th, had reported to the State Department, the existence of yellow fever as a malignant epidemic; one quarter of the cases fatal.

Disease, however, of a febrile nature, soon manifested itself among the crew of this very healthy ship; and on July 20th the Mayor of Pensacola reported to General SEYMOUR, that all the crew of the "Fair Wind" had been sick, excepting one; that three had died, and five were then ill; but that none of the stevedores had been attacked. On the 19th July, the Mayor reports another death on board the "Fair Wind," and the vessel was again ordered to quarantine.

Febrile disease, of a grave character, having also appeared on board other vessels in the harbor that had been loading with lumber, much of which was covered with barnacles and grass, general SEYMOUR, in an order of July 23d, directed two to quarantine, and two others to quarantine or to sea.

On the 24th July, the schooner "Texana" arrived from New Orleans, where yellow fever was prevailing, and the Health Officer reported her "health good." In a few days, however, the mate was brought from the vessel to a boarding-house in the town, ill of yellow fever; and from this point, the disease is said to have spread rapidly, the habitués of the house being infected, and carrying the seeds of the disease to other localities.

Prior to this, an unusual number of cases of continued fever had been observed on shore, but, with the natural unwillingness of a commercial community to declare itself pest-ridden, the disease was called continued fever, bilious fever, Dengue or breakbone fever, red fever, Jamaica fever, etc., until the Mayor of Pensacola, in a letter of August 9th to General

SEYMOUR, officially announced the existence of yellow fever in that city; stating that the first case had been that of the mate of the "Texana"—then convalescent—but that two citizens had died, one on the 8th, and the other on the 9th, "with symptoms which leave no doubt of the character of the disease."

Upon this, the garrison at Barrancas was removed to Fort Pickens on Santa Rosa Island, and all connection with that place forbidden as far as possible. General SEYMOUR and family, with two officers and fifteen men, remained at Barrancas, and all communication with Warrington or the Navy Yard, less than a mile distant, was prohibited, even to the few civilians residing on the reserve at Barrancas; the mail carrier alone was permitted to go to the village.

Upon receipt of the above intelligence, as indeed when disease first appeared among the shipping, Captain ARMSTRONG, commanding U. S. Navy Yard and station, some five miles west of Pensacola, had communicated with the senior medical officer, Surgeon J. J. ABERNETHY, and thorough surveys were made, not only of the Navy Yard, but of the adjoining villages of Warrington and Woolsey, to discover and, if possible, remove any cause of disease or of impairment of general health.

During the first decade of August 1867, there occurred at the Navy Yard, three (3) cases of intermittent, and two (2) cases of remittent fever, which require no further notice here than that they all progressed to recovery, excepting the case of Michael Doolin, coal-heaver, of U. S. Steamer "Tacony" admitted to hospital on August 8th, with remittent fever, from which he was convalescent on the 28d.

[The whole number of yellow fever cases was 161, of whom 127 recovered and 34 died. Of these, eleven were of negro blood, all of whom recovered.]

Of the 426 persons in the Navy Yard and aboard vessels, 37.79 per cent. were attacked, and 7.98 per cent died of yellow fever.]

The number of cases of yellow fever in the adjacent villages of Warrington and Woolsey could not be ascertained; the two civilian practitioners having fallen victims to the disease; but there were reported to the Com-

mandant of the station, twenty-four (24) deaths from yellow fever; of these, ten (10) had been employed in the navy yard.

The immunity from the prevailing epidemic enjoyed by the military at Fort Pickens and Barrancas under command of General SEYMOUR, forms a notable point in medical history.

From a memorandum kindly furnished by Gen. SEYMOUR, it appears that Barrancas, situate some three-fourths of a mile west of the navy yard, is built on a ridge of sand some twenty-five feet above tide water, and is backed by a plain of sand at that elevation. In front is a strip of low ground, only two or three feet above tidewater, very damp, wet, and even swampy. Those who have inhabited this low ground in summer have almost invariably been attacked by intermittent fever. The barrack is built some fifty (50) feet above the plain—a three story brick building—and the company occupies the upper story. Between Barrancas and Warrington is a dense belt of woods, about one-fourth of a mile through; on all other sides Barrancas is quite open for long distances. The fever extended in Warrington quite to this belt of woods, several cases having been reported in houses nearest the woods.

On the 23d of August, the U. S. army transport "ALLIANCE," came to Barrancas from New Orleans, where yellow fever was raging, bound to Key West and Tortugas. On board was a detachment of the 24th Infantry, escorting prisoners to the latter place. During the day, Private WM. SNYDER, of Co. "I," 24th Infantry, came ashore and was found at the kitchen of the commanding officer, complaining of illness; was sent to the post hospital and placed in a ward among other sick. These, as well as the Hospital Steward and attendant, were all northern men and unacclimated. SNYDER died at 1 o'clock, A. M., of the 25th, of malignant yellow fever, and was not buried until 11 o'clock, A. M. The few men in barracks were immediately removed to Fort Barrancas—two hundred yards distant—and the hospital rooms were thoroughly fumigated, etc. Gen. SEYMOUR adds—"there was no sequence to this case, and not a single case occurred in the command, which, otherwise,

was never more healthy than during this summer."

As an instance, on the other hand, of the portability of the disease, I may state that a Mr. MCGINN, an old resident of Warrington and who had in previous epidemics, been thrice attacked by yellow fever, lost a member of his family in this epidemic and removed the others to the house of a Mr. ESTE, some three miles west of the lighthouse and some six miles from the navy yard; a locality hitherto deemed unusually healthy, some fifty (50) feet above the neighboring lagoon and with no marsh near, worth notice. Here, MCGINN, himself, soon fell ill of yellow fever, for the fourth time in his life, and the disease spread to his wife, to Mr. ESTES, his wife and child, and to five colored people living near by.

Careful examination of the meteorological records kept at the office of the naval commandant shows that the lowest thermometrical range in August was 70° F. at 4 o'clock, A. M., of 25th and 26th; the highest, 96° F. at 4 o'clock, P. M., of the 9th. Averages—78.6°, and 89.2°. In September, the lowest was 72°, at 4 o'clock, A. M., of 30th; the highest, 96°, at 4 o'clock, P. M., of 29th. Averages—77.5°, and 87°. In October, the lowest was 50°, at 4 o'clock, A. M., of 31st; the highest, 93°, at 4 o'clock, P. M., of 22d. Averages—68.4°, and 81.8°. During August, the prevailing winds were eleven days northerly, thirteen southerly, six easterly, and one westerly. During September, eighteen days northerly, seven southerly and five easterly. During October, twenty days northerly, two southerly, eight easterly and one westerly. Rain fell in two days in August, five in September and three in October.

The excessively infectious nature of the breath and of the black vomit was shown in the fatal case of M. DOOLIN, as well as in the statement by Dr. DRUMMOND, that in his efforts to assist Dr. PIEK in the dying moments of the latter, he received upon his garments much of the ejected matter. Upon returning to his quarters, the discarded things were placed in a tub full of boiling water by his servant, a middle-aged negress, native of Pensacola, who, upon inhaling the steam, fell

to the ground in a state of syncope that called for free stimulation.

Other cases of sickness and prostration from the breath of patients were also noticed.

The writer has seen a gold stud button worn by Mrs. S., during her fatal attack of August 31st, and it is even more discolored by the nature of the perspiration than the gold ring spoken of, belonging to Dr. MURPHY.

*Treatment.* If the patient was seen in the stage of chill or rigors, or after the hot stage had set in—as was, indeed, the more frequent, the following was found to be the best mode of procedure:

The patient was stripped, well rubbed from head to foot with dry mustard, and then put in a full length bath at his bedside, made as hot as could be borne, a blanket thrown over to retain the heat, the patient's head only appearing, and there he was kept until the pulse began to lower and he expressed relief from headache and other pains. Not only were all these effects experienced at the end of five or seven minutes, but in many cases the desire to free micturition was irresistible. The patient when taken out of the bath, was laid upon a spare bed, quickly rubbed dry, clad in dry night clothing and placed in his bed with plenty of blankets above and beneath him. By this time, the perspiration, that had already begun in the bath, would greatly increase.

While in the bath and during the sweating stage, the patient partook freely of hot drinks; table tea, orange leaf tea and the hot infusion of the horse-mint which grows abundantly in the neighborhood, were all used. Flaxseed tea was found to be quite as good as any other, but as the patient was apt to tire of any one drink, it was found well to have the others by way of change. At the same time, an alkaline diaphoretic seemed to be indicated. The liq. ammoniæ acetatis was given in half ounce doses, alone or combined with fifteen minims of ether spiritus nitros: or five grains of potass. nitrat: with ether spirits of nitre, every three hours, or sodæ sulph. gr. v., every three hours in flaxseed tea; or chlorate of potassa in five-grain doses, every two or three hours, either alone or with ether spirits nitre. This last combination was found to answer

best. Some one of the above was continued until subsidence of febrile stage.

After the patient was put to bed from the hot bath, all muscular exertion on his part was strictly forbidden as extremely detrimental, not only by deranging the bed covering and checking the perspiration, but also by exhausting his strength. Raising the head frequently to drink was alone tiresome, increasing headache and productive of harm. To obviate this, he was kept still and his drink administered through a tube: a common clay pipe—new and well washed—was found to answer this purpose very well.

After the fever abated, the sweating was allowed to subside of itself, and the bedding, etc., changed. This was found to be an important process, requiring great care. It should not be performed until the fever abates, and the sweating subsides. At this time, the odor from the blankets, saturated with perspiration, is very offensive to those about the patient, and for the first time, generally, to himself. The blankets only should be removed, to be replaced instantly by others previously well warmed; as the least cooling of the patient's surface may be followed by suppression of the perspiration, and other serious consequences. The covering should now be sufficient to encourage gentle diaphoresis. In four or five hours after, the body clothes should be removed, the patient well rubbed with dry warm towels under the bed cloths; shifted to a clean dry bed with warm cotton sheets, and fresh body clothes put on, keeping him covered all the while. By this time, the headache is in most cases, greatly abated, although the pain of back and limbs still continues.

A cathartic was generally of service now, especially if the bowels had not been moved since the seizure; as was, indeed, almost invariably the case. For this purpose, an emulsion of castor oil was found to answer best, on account of the tendency to irritability or stomach. Any further necessary purgation was generally effected by enema. The cathartic usually brought away copious, dark, offensive dejections; and relieved greatly, if not entirely, the remaining headache, and muscular pains.

Quinine or mercury, in ordinary cases, were found to be productive of harm.

When the pains in muscles of back and limbs were very severe, flannels made hot as the patient could bear, and applied in single thickness, were found more productive of relief than aught else. Opiates were not found beneficial.

After the subsidence of the febrile excitement comes a state of depression, of which the patient is not always aware; expressing himself, generally, as feeling very well. He has a return of appetite, and if left to his own guidance would, in most cases, seal his own doom. The patient was now restricted to thin corn-meal gruel, and warm flaxseed tea. The process of stimulation was commenced, and conducted with great care. In most cases, aromatic spirit of ammonia, in half drachm doses, with fifteen minims of eth. spts. nitr., answered well. If the patient continued to do well, he was allowed chicken tea as a common drink, with warm gruel and the ammonia mixture continued. All drink should still be given warm. This treatment was continued for another day; aromatic sulphuric acid being sometimes given, and the ammonia mixture omitted. After this, sherry wine was given in half-ounce doses, three or four times a day, and soup once a day added to diet. In most cases, this was as much as could be advantageously borne, until the sixth or—as with many—the ninth day, when mush and milk in the morning; soup, roast beef, and baked potatoes at noon, and tea and toast for supper, made a very good diet, with one or two glasses of ale or porter during the day. The diet was then gradually increased in nourishment, until full diet could be borne.

After running a continued course for a certain time, the fever sometimes assumed the remittent or intermittent type. In these cases, at the time of the paroxysm, a hot bath was given, and diaphoresis re-established, if possible. Quinine was here found to be hurtful; although beneficial in the intermittent attacks sometimes attending convalescence.

The stage of febrile excitement was not unfrequently followed by a typhoid condition attended with very weak digestion. This was



met by tinct. ferri. muriat. with tinct. capsici. or quinae et ferri. citr. with sherry wine; and in other cases with carbon. ammoniae and sherry, repeated hourly. Chicken tea was freely given, and was found, indeed, to answer better than beef tea.

Sometimes diarrhoea would set in about the third day. This was allowed to take its course, with no further medication than free administration of aromatic spt. of ammonia. In flatulence with colicky pains, the spts. ammon. aromat. in combination with eth. spts. co., and aq. menth. pip., answered very well, with occasionally bicarb. sod. gr. v., to correct acidity, or if there seemed to be unhealthy secretions retained in the intestines, an emulsion of castor oil, added to the other treatment, was beneficial.

From hicough, relief was obtained by eth. spts. cr. occasionally repeated.

Delirium was treated by cold water to forehead, and sinapisms over the cervical vertebrae.

Some extreme cases of hyperaesthesia of the nervous system, occurring during the second week, were treated with ten grains of DOVER'S powder and two of camphor, repeated every three or six hours with diffusible stimulants, and supporting treatment. Suppression of urine was met by spts. ammon. aromat. ʒj. every two hours; dry cups over region of kidneys; purgative enema; alkaline diuretic enema; hot bath, etc.

In black vomit, sodae. bicarb. gr. v. every three hours, was tried in cases attended with frequent acid eructations, as were also bismuth carb., or sub. nitr. In some cases, muriatic and arom. sulphuric acids; in others, creosote mixture, or milk and lime water in equal parts. No case of black vomit recovered; but it is believed that the course of treatment pursued, prevented many from falling into that condition. All that did occur were in debilitated constitutions.

During convalescence, the condition of digestive apparatus, particularly required close attention, and a strong tendency to indigestion and to sluggishness of bowels, to be combated.

Patients frequently complained in early

stage of convalescence, of being tormented by voluptuous thoughts and desires. Happily, the surroundings and discipline at this station prevented a yielding to temptation that would almost certainly have proved fatal; and it cannot be too strongly urged upon the junior medical officers of the navy, to forbid their convalescents from yellow fever, placing themselves within such pernicious influence.

### AN ESSAY ON THE

THERAPEUTIC VALUE OF CERTAIN ARTICLES OF THE MATERIA MEDICA OF RECENT INTRODUCTION.

(Read before the New York State Medical Society, February 4th, 1868, and reported for the MED. AND SURG. REPORTER.)

BY JOHN H. GRISCOM, M. D.,

Of New York City.

(Continued from page 139.)

#### Glycerine.

With regard to the other remedial agent, *Glycerine*, my experience with it as an external remedy for various troubles, has also been very marked and interesting. Its value for these purposes is dependent upon its unique property of affinity for aqueous fluids, including the serum of the blood.

It is due to our distinguished colleague, J. MARION SIMS, to state, that my first intimation of this property of glycerine was furnished by his description of it, given in his excellent work on Uterine Surgery, pp. 71 and 72. He therein describes his accidental discovery of its power of capillary drainage by *exosmosis*, producing a copious watery discharge, depleting the tissues with which it lies in contact in the vagina, and giving a clean, dry, and healthy appearance. He also states, "when such a dressing (a cotton tampon saturated with glycerine) is applied to a pyogenic surface on the cervix uteri for a few hours, and then removed, the cut or sore will be as clear from pus, as if it were just washed and wiped dry."

Having confirmed these statements by my own experiments in several similar cases of uterine disorders, the inference was naturally adduced, that this peculiar and active affinity of glycerine for aqueous fluids might be available in other disorders in which depletory treatment was indicated. I therefore determined to test its property in any other locality

where there existed an inflammatory condition of the tissues, to which the article could be applied; for example, in furuncles, erysipelas, ophthalmia, nasal inflammation, urethritis, and other inflammatory and congestive troubles.

In not one of a large number of such cases have I been disappointed in the alleged tendency of the oil to drain off the serum, even through the perfect integument, and the effect has been almost as uniformly demonstrative of its depletory results, as if the blood itself had been removed from the part; in fact, glycerine may be regarded as a good substitute for leeches and blisters, and in some instances, for surgical operations.

The following cases illustrate the peculiar action of the article.

1st. In February, 1866, a young gentleman from Ulster Co., presented himself for treatment for some difficulty in voiding urine. Severe pain in the entire length of the penis, with a burning sensation; frequent demand for micturition, and irregularity in the flow, were the principle symptoms which had existed for several weeks.

Examination by the catheter developed no evidence whatever of stricture, and there was no appearance at any time of any secretion indicative of contagious disease; which circumstances confirmed the truth of the patient's assertion, that he never had been afflicted with gonorrhœa or syphilis. It was, in fact, a simple inflammation of the lining membrane of the urethra, similar in appearance to that of the fauces, and partaking of the character of mucous erysipelas. His digestive system was somewhat deranged, and his nervous and muscular organization suffered from weakness and irritability—the effects, as I concluded, of protracted confinement and deficient exercise, owing to the nature of his occupation as a bank clerk.

As a local application, I directed glycerine combined with sulphate of zinc in the proportion of 3ss. to 3j., to be injected into the urethra twice a day, and to be pressed inward towards the bladder, as far as possible. The result was a complete removal of the inflammatory condition of the part, and its restoration to perfect health in a few days.

The influence of this article in subduing cutaneous erysipelas, I have found equally efficacious. In two recent cases of this disease, involving the entire facial surface, its application was by means of a muslin mask partially saturated with it.

In all these cases it was employed as an adjunct to internal treatment, the disease being regarded as local results of constitutional disturbance, calling for correctives, the principal of which was the article before noticed, *soda sulphis*.

In no instance of the very numerous cases of erysipelas in both hospital and private practice, had I before observed so speedy a relief of the local trouble, as by glycerine.

The same happy effects have been observed in a few cases of simple ophthalmia, but the most remarkable exhibitions of its depletory power that have fallen under my observation, have been in the complete and speedy reduction and removal of carbuncular and suppurative tumors. In illustration whereof I present the following cases.

2d. A young male member of my own family last summer, was afflicted with a large furuncular inflammation on the right side of the lower jaw. It progressed rapidly toward an abscess, and was finally relieved by the lancet. Immediately on the termination of this, a similar inflammatory swelling of the chin occurred which threatened the same result to a greater extent. With the hope that it might be arrested, I directed the continual application of a pledget of cotton saturated with pure glycerine, and equally to the surprise and gratification of all parties, the tumefaction wholly disappeared in three days, and the parts were restored to their perfectly normal state.

3d. Another similar case subsequently occurred, equally happy in its result. On the 15th of August last, a young married lady was delivered of her first child. The process of lactation, within the first week, was greatly interrupted by obstruction of the mammary glands, and complicated with this there appeared an enlargement of a gland in the right axilla, which increased in two or three days nearly to the size of a hen's egg. Here was a

threatened abscess, which of course gave rise to great anxiety to all concerned in the well being of the new made mother. Under ordinary experience the indication would have been to promote the purulent development as rapidly as possible by poultices, etc. But hoping to avoid this usual and painful issue, I ordered constant application of glycerine by cotton pledgets, and equally surprising and gratifying as in the former case, the tumor rapidly decreased, and in four days was totally gone.

It sometimes happens that the cutaneous covering of such tumors becomes so dense, that its secretory function is completely suspended, in which case the absorbent action of glycerine is entirely prevented. The mode of overcoming this obstruction is illustrated by the two following cases.

4th. Mr. H. E., in Nov. 1867, had an inflammatory swelling in the right nates, adjacent to the anus, assuming a carbuncular issue, rendering sitting impossible, and walking very painful. The surface was very red, and tender to the touch. Thorough applications of glycerine for three or four days renewed twice in each twenty-four hours, failed to produce any reduction of the tumor or of the cutaneous inflammation, when poultices were applied, which in a day or two caused a removal of the epidermis. Supposing this would remove the obstruction to the endosmotic action of the glycerine, its application was renewed, and the effect was a rapid withdrawal of the serum, and in two days, the tumor was so far removed that the patient could sit comfortably on a hard chair.

5th. About Dec. 1, a young widow exhibited an enlargement of the right parotid gland, which rapidly increased both in size and pain accompanied with enlargement of the right tonsil, and general congestion of the fauces. A single application of vaporized solution of alum relieved the latter considerably, and two additional applications, twenty-four hours apart, cured it entirely. (In reference to this particular point of the case, I also ask attention to the merits of another article, a recently introduced preparation of a well known medicinal fruit, the *Rhus Glabrum*. This sumac

berry is known to contain large proportions of tannic and malic acids, and it has long been employed as an astringent gargle for inflamed and ulcerated fauces, in the form of a simple aqueous infusion. A new mode of its preparation for this purpose has recently been presented to us by a scientific gentleman by the name of HOLLAND, which I have found in several instances much more effective, and far more agreeable to the patients, its formula sometimes authorizing it to be swallowed after gargling, instead of being rejected, as is required of the aqueous infusion. It is known among the apothecaries, as *Vinum Rhus Glabrum*. A recent article in the MEDICAL AND SURGICAL REPORTER, fully explains the merits of this new preparation, statements which my experience have fully confirmed.) Glycerine was subsequently applied by cotton pledgets to the parotid swelling, but during the first three or four days it rendered no service, and there appearing some tendency to supuration, flaxseed poultices were substituted for a few days, but no pus made its appearance. A blister was then put on to remove the epidermis, after which glycerine was again applied, and the effect was a rapid reduction of the tumor; in about six days it wholly disappeared.

6th. A case of otitis, occurring in a middle aged female, accompanied with considerable purulent discharge, was first treated by vesication behind the ear, but with no beneficial effect; after which, the application of glycerine by cotton plugs in the external auditorium, greatly relieved it in three days.

I might present several other cases of various kinds of external inflammatory troubles, relieved by the same measures, but deeming those already reported sufficiently illustrative of the peculiar capacity of this unique fluid, I will close the subject by the statement of a professional colleague, an army surgeon of extensive experience, giving an account of the effects upon his own person of both the articles constituting the subject of this paper. On the 17th of July, seeing him at his home at Inwood, while suffering with a carbuncle on the nates, I suggested for him the use of sulphite of soda internally, and glycerine exter-

nally, and three days after, I received a note from him containing the following words: "I have taken 3j of the sulphite of soda daily since you were here. My mouth and tongue are perfectly clean and sweet, and I think its effects were soon felt in a clearing of the mind of confusion and blues."

Soon afterwards, having got entirely well and resumed his official duties in the city, he sent me the following additional confirmation of the qualities of both articles:

"RECRUITING RENDEZVOUS. }  
115 Cedar St., New York, Aug. 16, 1867."

"Dear Doctor—According to your request I will report the effect I noticed from the employment of sulphite of soda, and of glycerine, in my own person while using them under your directions for carbuncles.

"After taking 20 grains three times a day of the sulphite of soda, I noticed that a peculiar confusion of mind and heaviness of the head passed away, leaving the mind clearer than it had been for a long time before. In a week before taking this agent, my bowels had been immensely disturbed at times with flatus, but on the second day after commencing it, the accumulation of gas ceased altogether. Another effect noticed was, almost an absence of odor from the stools, which were rendered quite black. The glycerine was applied directly to the carbuncle on cotton batting saturated with it, and covered with oil silk. The effect of this upon the carbuncle was to reduce it by exosmosis, the evidence of which was seen by the accumulation of a serous fluid in considerable quantities in the cotton. After the application of glycerine off and on for three days, there appeared on the carbuncle seven small openings from which a bloody serum drained away slowly, and after this stage the glycerine was left off, and warm water applied in its stead, but in the same way.

Very respectfully, your ob'dt serv't.,

EDWARD P. VOLLUM, Surg. U. S. A.

Dr. J. H. Griscom,  
42 East 29th Street, N. Y.

### CARBOLATED GLYCERIN.

By GEO. W. LAWRENCE, M. D.

Of Hot Springs, Arkansas.

Carbolic acid is an agent that justly merits universal medical attention. It is not my purpose to enter into its interesting progressive history, or array the names of those distinguished characters associated with RUNGE, (the discoverer,) in its chemical literature. Suffice it to state, that I am too thankful to have carbolic acid in its detached crystals, so separated for me from its prodigious and important relatives, from a family so complex

and varied in nature, so mysteriously intimate in congeners, that a complete knowledge of petroleum, its bountiful and wonderful chemical productions, affords alone a theme, as a *specialty* for consideration. My object is simply to bring into general notice and use a preparation, which I have styled (for the want of a better name,) *Carbolated Glycerin*. It is prepared from CALVERT'S beautiful crystalline, chemically pure, pyrogenous acid—not from the *crude empyreumatic fluid of commerce*, called phenol, phenic acid, carbolic acid, etc. It is the *camphoroid* solid acid that I use in forming the *carbolate*, with PRICES' or BOWERS' inodorous glycerin. In a water bath, ranging from 100° to 130° Fahr't, I mix one ounce of carbolic acid (when fluid) with nine times (in bulk,) of pure glycerin, and agitate while hot until it is thoroughly incorporated. I find this a convenient strength for dilution when required. With this preparation and its dilutions with glycerin or water, I claim an agent that will relieve and control with more certainty and celerity, phagedena, sloughing ulcers, bed sores, chronic syphilitic, mercurio syphilitic, and strumous ulcerations, sloughing gummatas, phagadenic chanores, and all of that class of obdurate ills, more satisfactorily than any application that has come within the range of my experience. It is beneficial in cutaneous diseases of a *parasitic* origin. Diluted ten to twenty times its bulk with *pure water*, I use it with RICHARDSON'S "Atomizer," for all forms of aggravated ulcerated surfaces. With the "Nephogene," it is invaluable for nasal, faucial, tonsillar, pharyngeal, laryngeal, tracheal and bronchial ulcerations. With an adaptation I recently had made (by Messrs. OTTO, and REYNDERS, 64 Chatham St., N. Y.,) to the French instrument called the "*Irrigateur*,"—I convey at will the solution of carbolated glycerin to any part of the person. In ulcerations of the uterus and vagina, and in the treatment of follicular diseases of the genitals, it is an important agent. For sinuses, ulcerations and fistulous opening in the rectum it is advantageous in its effects. I also use it for ulcerations of the external auditory channel. In caries and necrosis of the bones, wherever it can be applied, I employ it with a so-



lution of *chlorate of soda*. As an antiseptic, disinfectant, anti-parasitic, detergent, corrective and healthy stimulant, it is assuredly one of the most powerful and valuable adjuncts to our list of remedies.

## Hospital Reports.

PENNSYLVANIA HOSPITAL, }  
February 15th, 1868.

CLINIC OF J. M. DA COSTA, M. D.

Reported by Dr. Napheys.

### Cirrhosis of the Liver.

Jas. H. D., æt. 22; seaman; born in Philadelphia; moderate drinker; does not use tobacco; has not had syphilis. While serving in the Gulf of Mexico he had a slight illness, probably malarial in its character, which did not prove very obstinate. A short time after convalescence, he was seized at New Orleans with yellow fever, from which, in three weeks, towards the end of August last, he sufficiently recovered to travel to Atlanta, Georgia, although still very weak. At that time there was no yellowness of the skin. He remained in Atlanta long enough to gain strength to be able to come to Philadelphia, where in September he had a severe attack of intermittent fever. As he recovered from this, jaundice appeared, and immediately afterwards ascites. In the latter part of September the jaundice deepened, and oedema of the lower extremities supervened. He has been more or less jaundiced and dropsical ever since. The dropsy has affected the abdomen and lower extremities; never the face and arms.

His face is now considerably emaciated, with a yellow tinge of the surface, forcibly recalling, by the expression of the face and the complexion, a case of yellow fever. The conjunctivæ are yellow; tongue red, and slightly coated. Pulse 96, and feeble. Systolic murmur, evidently of blood origin, heard over the aortic cartilage. No cough; abdomen and feet swollen. The ascites is very marked, distinct fluctuations being perceptible over almost every portion of the abdomen. Great prominence of the veins in the upper portion of the abdomen. There is some tenderness in the epigastrium; none in the right hypochondrium, except at the very lowest portion of this region, just over the lower ribs, where there exists some soreness to the touch. The bulk of the hepatic region, however, is not tender on pressure. There is no increased percus-

sion dulness in the lower portion of the liver, nor does the dulness extend higher than is usual. The left lobe, however, is slightly increased. Laterally there is a good deal of bulging of the ribs, as if they were pressed out by an organ more solid than ordinary. The spleen, which should always be examined in hepatic affections, is evidently increased in size, the dulness commencing higher up than is usual, at about the fifth rib, and passing down below the ribs.

This case presents, therefore, bulging in the hepatic region, with no soreness except at the lower portion, with the left lobe of the liver slightly increased, but with no increased dulness on percussion over the mass of the liver. These physical phenomena are associated with a peculiar shade of jaundice, with ascites, and with oedema of the lower extremities, and are found in a man who has had remittent and yellow fever. His appetite is good. His bowels are inclined to be loose; one or two passages in the twenty-four hours. The stools are and have been clay-colored. Urine, specific gravity, 1018; no albumen; few phosphates; showing the coloring matter of bile, but no biliary acids.

Among chronic affections associated with jaundice, which is the one present; whenever there is persistent jaundice, it much simplifies the arrival at diagnosis to take up the supposition of there being some obstruction to biliary flow, which may be brought about either by a swelling of the biliary ducts, or by some mechanical cause extraneous to the liver, as an enlarged pancreas, enlarged glands in the neighborhood of the pancreas, or an affection of the pyloric extremity of the stomach. In most of these forms of jaundice, due to obstruction, there is a very deep and deepening jaundice. But in this case, the jaundice is not now, nor has it been very marked; it has not shown the rapid deepening, nor the quick passing off, which is seen in cases of jaundice from obstruction.

It is one of the most interesting of recent observations, that the examination of the urine will sometimes throw a great deal of light on the exact kind of jaundice which is being dealt with. Of course, all cases of jaundice will show biliary coloring matter in the urine. No matter what may be the cause of the jaundice, in any case, if a thin layer of urine be spread on a plate, and then a drop or two of nitric acid be added, a change of color will be produced, due to the bile pigment which is contained in the urine in consequence of the excretion of biliary matter in the kidneys. But there is a test which does prove a great deal in differential diagnosis.

In cases of obstruction—in cases in which the bile is formed and then absorbed, the biliary acids will get into the blood, and be excreted by the kidneys. But in cases of jaundice where there is interference with the action of the liver, where the biliary acids are not secreted, of course they cannot be re-absorbed, and therefore cannot exist in the blood nor in the urine. It is important, therefore, to test for the biliary acids. This can be done by adding a few drops of syrup to the suspected fluid, placing the test-tube in cold water, and then adding, drop by drop, an excess of sulphuric acid; if the biliary acids be present, a violet or purple color will be produced. The addition of ether or chloroform makes this test (PETTENKOFER'S) much more sensitive. The test has been applied in this case, without obtaining any proof of the presence of biliary acid in the urine.

Thus then, partly by the symptoms and partly by the absence of biliary acids, obstruction of the biliary ducts is set aside, and the case is one in which the biliary acids are not formed. Among the chronic affections of the liver in which jaundice is present, are, in the first place, malignant disease; in the second place, hepatitis; in the third place, that particular form of hepatic inflammation, in which after a while increased density and contraction of the organ is apt to take place, which in its ultimate termination winds up in confirmed cirrhosis.

In this case, that there is a disease in which the portal circulation is much involved, is proven by the fact that there is so much dropsy present, as there cannot be dropsy in disease of the liver without such involvement. The very fact of the existence of dropsy is a strong argument against the presence of malignant disease; for, if it existed to such an extent as to press upon the portal circulation and give rise to dropsy so evident, there ought to be obvious signs of increase of the organ, which are not here present. Moreover, the want of any appearance of a cachexia and the absence of much pain, are strongly against the supposition of malignant disease.

The question, therefore, comes down to one between chronic hepatitis and that form of hepatic inflammation which winds up in cirrhosis. The typical form of chronic hepatitis is not associated with much dropsy. It is found constantly among persons who have lived for a long time in hot climates; it is a chronic enlargement of the liver which, as the portal circulation is but little involved, does not lead generally to marked dropsy. Considering the symptoms present, the fact that the liver is not increased in size, and the fact

that there is so much dropsy, it cannot be assumed that this is a case of ordinary chronic hepatitis. The diagnosis is therefore narrowed down to inflammation of the liver, with a tendency to contraction, thus of necessity giving rise to a great deal of dropsy on account of the interference with the portal circulation, and winding up in positive hob-nail liver or cirrhosis.

In treatment, to get rid of the dropsy it is necessary to make use of the kidneys and skin. There is no diuretic which has acted so well as broom tea in this case. Attention has been given to keeping up the digestion, and the skin is occasionally acted upon by a warm bath. Internally, the choice lies between an impression by mercurials or by iodides. Considering the debilitated condition of the man, the iodides are to be preferred. He will therefore take from five to eight grains of iodide of potassium three times a day, varied occasionally with iodide of iron. Repeated small blisters will be applied on the hepatic region. His diet will be nourishing. Stimulants will not form a regular part of the treatment.

#### Transmitted impulse, Simulating Aneurism of the Abdominal Aorta.

JNO. Q., æt. 47; shoemaker. He was perfectly healthy until the year 1862, when he was troubled with a sharp pain in the right side of the epigastric region, which lasted for two or three days, and has never entirely left him. At the end of two years, after the appearance of this pain, he had a severe attack of general dropsy, which was complicated by some cerebral trouble or at least by a good deal of dulness of mind. He had jaundice thirty years ago, not since. He came into this hospital on account of cerebral neuralgia. Since he has been here, another symptom, on account of which he is presented to-day, has been noticed. This symptom consists in a very extraordinary pulsation in the epigastrium, which is not only distinctly seen but also distinctly felt. It is situated a little more to the left than to the right, although it exists everywhere in the epigastric region.

In a very large number of cases of persistent pain in males, associated with marked pulsation, there is abdominal aneurism. In females this statement does not hold good. Has this man abdominal aneurism?

On placing the hand over the epigastrium, a very distinct throbbing is noticed, but there is no lateral impulse. The impulse comes up straight to the finger; it is a forward impulse, there is none on the sides of the pulsating mass. On auscultation no murmur is heard. There is a dull first sound when the artery expands, followed

however, by a sharp second sound. Along the spine no murmur can be detected. There is no pain, over the lower dorsal vertebrae. The abdominal pain is of a sharp character and not constant. On percussion, some dulness is found in the neighborhood of the left lobe of the liver, but that dulness does not correspond to the seat of strongest impulse.

This is not an aneurism but transmitted pulsation. Although pain, with throbbing of the arteries, is very generally due to aneurism, it is not so here. In making the differential diagnosis between merely transmitted impulse simulating aneurism and aneurism, the following facts must be taken as guides.

In cases of abdominal aneurism there is, as a rule, a murmur. Here there is none. If there be no murmur, a dull sound on the expansion of the aneurismal sac is heard. Such a dull sound is present here; but there is also present what Dr. DaCosta has never met with in a case of aneurism of the abdominal aorta, namely, the second sound of the heart transmitted to the ear. There is no thrill here present; but thrill is of no consequence whatever in the diagnosis of internal aneurisms; it is just as often absent as present. The fact of there being no lateral impulse in this case is of value in reference to diagnosis. In aneurism, there is not only a forward impulse, but one to each side. Again, this man has had general dropsy, at one time very marked. Although it is conceivably possible that the pressure of an aneurism may lead to dropsy, still it is so rare an effect that the very occurrence of dropsy is always, in a suspected abdominal aneurism, against such a diagnosis. All these points, therefore, lead to the conclusion, that this is not a case of aneurismal dilatation. What then is it? It is a transmitted vibration of the abdominal aorta, owing to a thickened left lobe of the liver, and, very possibly, also, to a thickened head of the pancreas. It is not owing to any affection of the stomach, for the man does not present any marked gastric symptoms.

Sometimes a collection of fecal matter in the colon lying over the artery, gives rise to the transmission of distinct vibrations and impulse, simulating aneurism. There may also be mere throbbing of the abdominal aorta, without any swelling or induration. Sometimes in nervous, hysterical women, and in men with chronic gastritis, throbbing of the abdominal aorta will be found, manifesting itself chiefly in the epigastric region, and so marked as to give rise to an erroneous diagnosis, if care be not taken. Thus, there are various causes of epigastric impulse, and in the

recognition of the nature of such an impulse, it is necessary chiefly to find out with what other phenomena it is associated, and then to base the treatment on the associated phenomena.

## Medical Societies.

### NEW YORK PATHOLOGICAL SOCIETY.

*Regular Meeting, Feb. 28th, 1868.*

Dr. BIRBINS in the chair.

Dr. RODGERS, of the Committee on Microscopy, reported that the diseased clitoris submitted for examination at the last meeting, was of a fibro-cellular structure. The disease, in the opinion of the committee, was fibrous degeneration, and not hypertrophy.

Dr. RODGERS also reported that the tumor presented by Dr. BUCK at the last meeting, was composed almost entirely of a corpuscular formation held together by stroma. The substance of the tumor is very firm, but when a small section is placed between the slips of glass, it spreads almost as easily as lard. The tumor is not true cancer, but belongs to the fibro-recurrent class of PAGET, or the fibro-nucleated of BENNET.

### Cancer of the Mesentery.

Dr. LOOMIS presented a specimen of cancerous disease of the intestines and mesentery, for a candidate. The patient had always enjoyed good health up to the time of his last illness. There was no hereditary predisposition to disease in his family. Some two or three weeks before admission into the hospital, he discovered a small swelling in the right groin, and was troubled with griping pains after eating. Three days before he discovered the tumor, he had a natural discharge from the bowels, but since that time the evacuations have been watery. When admitted the patient was well nourished, and complained of nothing but a swelling in the right side, extending from the level of the umbilicus to the anterior spinous process of the ilium. The tumor was movable, entirely distinct from the liver, and somewhat tender on percussion.

At this time impacted feces was suspected, large injections were given, a warm bath administered, and a current of electricity passed through the tumor, but without any effect in producing alleviation of the condition of the patient.

Dec. 23d. The tumor is increasing in size, the patient complains of much distress, is troubled with attacks of vomiting, takes nourishment with

difficulty, and is becoming very weak. He has still small watery discharges from the bowels, sometimes tinged with blood.

Seven days later the tumor was found to be increasing in size in all directions. Nodules can now be plainly felt, under the finger, and the inguinal glands are becoming enlarged. A diagnosis of malignant disease was now made out.

On the 13th of January the patient had become greatly emaciated, and a well-marked cancerous cachexia was evident. The mass has not increased materially in size. The patient died on the 14th, at 4.30, P. M.

The post-mortem examination was made the day following at 2.30, P. M. The body was greatly emaciated. All the organs, with the exception of those of the abdominal cavity, were found to be healthy. The liver was normal in size and weight. The stomach was normal. The cavity of the abdomen was occupied by a large tumor, extending from the lower border of the liver down to the brim of the pelvis. The liver, ascending colon, and abdominal walls, were covered with inflammatory exudation.

The substance of the kidneys was normal. The right ureter, though passing through the tumor, was pervious. The tumor is made up almost entirely of mesenteric glands enlarged by cancerous deposit. It includes about four inches of the ileum, and five inches of the ascending colon, together with the caput colli. The coats of the intestines included in and surrounding the tumor are all somewhat thickened, more especially in the sub-mucous tissue. The mucous membrane is thickened and ulcerated. The great mass of the tumor appears to be made up of the mesenteric glands. The abdominal aorta has been compressed by the growth. Dr. JANEWAY reports that the enlarged glands contain cancer cells with two or three nuclei; there are also free nuclei, and many granular cells.

#### Causes of Sudden Death.

Dr. FINNELL, who seems to be on most excellent terms with the city coroners, being called upon, promptly presented several specimens illustrating the varied causes of sudden death. As the specimens are all taken from coroner's cases, the history is somewhat imperfect.

*Specimen No. 1*, was a uterus taken from a woman, aged 35, who for the last eight months has been a pretty hard drinker. She has suffered from oedema of the lower extremities for the last six months. She was found dead in bed on the morning of the 26th inst. The kidneys were found to be granular, the liver fatty, and the specimen presented shows cystic disease of the

ovaries. She was a widow, and had never had any children, as the uterus will show.

*Specimen No. 2* was a heart, taken from a man aged 48 years, who has suffered for the last three years with severe attacks of angina pectoris. He died in the street cars. There is no other disease to be found, except contraction of the mitral valve, which is covered with bead-like projections. (Subsequent examination revealed ossification of the coronary artery, which perhaps throws some light upon the cause of the attacks of angina pectoris.)

*Specimen No. 3*, was also a heart taken from a female aged 48 years. It shows atheromatous changes in the aorta, beginning a short distance above the aortic valves. The aorta is also the seat of calcification, and somewhat dilated.

*Specimen No. 4*, was also a heart, showing intense pericarditis, the pericardium being adherent throughout nearly the whole of its extent. The man from whom it was taken died suddenly in the street. On making a post-mortem examination, a fibro-serous effusion was found in both pleural cavities, each pleural cavity containing somewhat over a quart of fluid. There were also found a few patches of atheroma in the aorta.

*Specimen No. 5*, was a portion of the aorta, showing several aneurismal dilatations, taken from a German aged 46 years, of fair health, and a compositor by trade. He has been able to continue at his work, except at intervals of extreme intemperance. He retired to bed one evening as well as usual about 10 o'clock, and the next morning was found by his wife lying dead beside her. There is considerable dilatation of the aorta, and thinning of its walls just anterior to the valves; two inches beyond this there is a second aneurismal dilatation, and passing still further on to the descending curve there is a third, about as large as a walnut, the bursting of which was the immediate cause of the man's death.

*Specimen No. 6*, was a portion of lung showing pulmonary apoplexy, taken from a man who endeavored to commit suicide by hanging himself. He came home in the evening very much intoxicated; his wife retired to bed, while he remained in the lower part of the building. He here procured a rope, and tried to hang himself to the mantel piece, but was so very drunk that he could not do it. The rope untied itself, and was found loose about his neck, so that he died probably as much from the effects of intemperance as from his effort at strangulation. He was a man in the prime of life, muscular and well



built. The lung shows pulmonary apoplexy; the brain, instead of being congested, was pale, although the face was turgid and livid. There were no marks of the rope about his neck.

Dr. KRACKOWITZER remarked that the first specimen was not one of the cystic ovary, but dilatation of the Fallopian tube, which is bound down to the ovary.

Dr. ROGERS opened the cyst, and found it to contain nothing but dark grumous blood. He remarked that it very much resembled a specimen detailed in the Transactions of the Obstetrical Society, as dilatation of the Fallopian tube, from retained menstrual fluid, although he very much doubted at the time whether such could be demonstrated to be a fact.

Dr. MASON remarked that he had found a case very much similar in a dissecting room subject a few weeks ago.

#### Cystic Tumor of the Uterus.

Dr. PEASLEE presented a large tumor, with the following remarks.

This large cyst was taken from an unmarried woman, 37 years of age, who first called me a little more than a year ago. She had noticed the enlargement for about three years. On examining the case I thought it to be an ovarian tumor, and gave a diagnosis accordingly. I advised her to wait until the tumor should somewhat interfere with the digestion, and then have it tapped. In accordance with this advice, the tumor having gradually enlarged, was tapped in July last, and about thirty-six pounds of dark-colored fluid, very much resembling strong coffee, was drawn off. When the abdominal walls had collapsed, only a slight prominence could be felt, extending nearly to the lower border of the liver. After she had rallied from the tapping, the uterus was sounded, and its cavity found to be of the normal length. The uterus seemed to be movable, though as to this last point I am not positively certain.

In the following October the patient was in pretty good health. About the first of January her health began to fail, and she decided upon an operation, which was accordingly performed upon the 22d of February; and here is the tumor. An incision was made about three inches in length, and the sac easily reached. The vessels of the sac were found to be very much enlarged, and a large number of very small adhesions, but still very strong ones, bound the sac to the abdominal walls. The sac was evacuated by tapping with a very small trocar, and about thirty pounds of dark-colored fluid drawn off.

The sac could now be partially drawn through the external opening. The adhesions were broken down, one at a time, until finally a second sac was brought to view. I found now that this could not be brought out, nor the adhesions broken up, so I enlarged the incision to about two inches above the umbilicus. The second sac was now tapped, and found to contain a perfectly clear transparent fluid, just such as is found in an ordinary ovarian cyst. Adhesions were now found on the right side of the tumor; one of them about the width of the hand, and about half as thick, coming from the iliac process, which I at first supposed might be the pedicle. The uterus was somewhat enlarged, and of a very peculiar form, being depressed in the centre, and having two horn-like projections on either side. Between these two prominences, at about the middle of the depression, the tumor arose by a pedicle about three inches in diameter and one-eighth of an inch in length. It was an out-growth from the uterus,—a fibrocystic tumor of the uterus. The adhesion was secured by a double ligature, and the ends cut off short; a ligature was passed through the pedicle in the same way.

During the operation every step was taken cautiously, on the supposition that I might possibly find just precisely what was found, a fibrocystic tumor of the uterus. The trocar used was very small, so that if forced to back out of the operation, I could secure the cyst by a stitch or two, so as to prevent dripping, and then return the sac into the peritoneal cavity. The tumor was removed in this case, because it was found that the removal could be accomplished without interfering with the uterine cavity. The operation lasted nearly four hours, on account of the number of vessels that had to be secured. A small spot on the superior portion of the uterus oozed very obstinately, but this was finally arrested by the persistent application of persulphate of iron. A small tent was left in the external incision, so that the abdominal cavity could be washed out if necessary. Up to the present time, no unpleasant symptom has occurred.

Dr. PEASLEE exhibited this specimen, more for the sake of insisting, as he has often done before, upon not proposing or performing the operation of ovariectomy as a general rule, until at least one preliminary tapping has been performed. In his own case, with all the light thus thrown upon the diagnosis, he had made a mistake, and he did not believe it was in the power of any human mind to determine whether certain tumors are ovarian or not. In cases of an error of diagnosis,

and where extensive adhesions involved the uterus, or where the uterus itself was the seat of the disease, he would abandon the operation and return the parts, unless a certain amount of damage had been inflicted; which absolutely required the completion of the operation. In one case, where he had returned the parts without completing the operation, the patient died in twenty four hours. He did not know what she died of, except being told that nothing had been done; from the moment she learned that fact, she failed and died in twenty-four hours, more from mental depression than anything else.

#### Aneurism of the Basilar Artery.

Dr. RONAN presented a portion of the basilar artery taken from a woman aged 28 years, who was admitted to Bellevue hospital on the 21st of September, 1867. On admission, she complained of pain on the right side of the head, which she stated had troubled her for years. She conversed freely, and seemed in every way sensible. Shortly after admission, she was taken with vomiting. On the 22d, she fell into a deep coma. The urine on being examined, was found loaded with albumen, and full of granular casts. On the 23d, she was still comatose, the pupils only feebly responding to light. The pulse was 120. On the 24th, her general condition was about the same; the bowels not having been moved, croton oil was given by the mouth, and a large enema of soap-suds and warm water. On the 25th, the coma was profound, the eyes closed, the pupils enormously dilated, and the pulse very weak; she is unable to take nourishment, and nutrient injections were given per rectum. On the 26th, she was moribund, the lips flapping during respiration. A post-mortem examination was made, twelve hours after death. On removing the calvarium, the pia mater was found intensely congested, and the sub-arachnoid cavity at the base of the brain filled with blood, and the basilar artery found to be the seat of an aneurism, the bursting of which had given rise to the effusion. The artery near the aneurism was somewhat thickened by atheroma. The heart was of normal size, the aorta was the seat of atheromatous deposit. The bursting of the aneurism was probably caused by the vomiting at the beginning of the artemic convulsions.

Dr. POST exhibited a calculus taken from a child two years of age. It was interesting, because situated high up at the anterior part of the bladder, and thus escaped detection by the sound.

Dr. FORMAN presented a cystic kidney taken from a man who had died of artemic convulsions. One of the cysts contained sero-purulent fluid.

The society then went into executive session.

M.

## EDITORIAL DEPARTMENT.

### Reviews and Book Notices.

**The Diagnosis, Pathology, and Treatment of Diseases of Women, including the Diagnosis of Pregnancy.** By GRAILY HEWITT, M.D., Lond., F.R.C.P. First American, from the Second London Edition, Revised and Enlarged. With one hundred and sixteen illustrations. Philadelphia: LINDSAY & BLAKISTON. 1868. One vol., cloth, 8vo., pp. 707. Price, \$6.00.

The author divides his subject in two parts, the first treating of diagnosis, the second of pathology and treatment, each part occupying about one-half the volume. He is particularly minute and careful on the subject of diagnosis, subdividing this into two sections, the first treating of such data as can be obtained without, the second, such as are obtained by physical examination. Considerable additions have been made to the text since the publication of the first volume, and now few treatises in the language surpass it in compass and in the amount of information it contains on all the diseases of the female sexual organs. The illustrations are tolerably well done and sufficient in number, though they would appear to better advantage if they were on better paper. A very complete index and a good table of contents add to the usefulness of the work.

**Why so. Valedictory Address to Twenty-fifth Graduating Class of Rush Medical College.** By R. L. REA, M.D. Chicago. 1868.

This address was printed by the class, and is a very fair specimen of its kind, not being either worse or better than valedictory addresses to classes usually are. We were greatly puzzled to understand why it was entitled *Why so!* But we believe we see the joke. The ellipsis to be filled is "*Why is it named so?*" Very good, indeed, very funny. Nearly as good a hit as the title to a work not long since written by an Eastern physician, which was, "*It is I.*" (although by mistake the printer got it "*Is it I.*") It was himself throughout. Such lucid titles are particularly suitable for scientific treatises, and we hope soon to see such antiquated names as "*Treatise on Human Anatomy*," or "*A System of Surgery*," disappear forever, and be supplanted by such airy and suggestive substitutes as "*How?*" (meaning, as any body of ordinary intelligence can see, how we are made,) or "*Cut away.*" (of course, with the obvious significance, cut away after you have mastered my pages.) But a word to the wise is sufficient.

**Medical and Surgical Reporter.**

PHILADELPHIA, MARCH 14, 1868.

S. W. BUTLER, M. D., & D. G. BRINTON, M. D., *Editors.***PROPRIETARY REMEDIES.**

When we reflect upon it, we can easily excuse the public for their patronage of what we call patent medicines. It is, indeed, extremely difficult to define clearly the line of demarcation which exists between preparations sanctioned by the profession, and those which it rejects. Leading druggists all over the country advertise largely special preparations, designed to fulfil special indications; they are known and sold under fixed names; they have definite trade marks; public attention is called to them in non-medical prints; their merits are fulminated in popular language; they are virtually the exclusive property of one firm; they are prescribed without hesitation by physicians.

How then are the public to know any difference between these and what we stigmatize as "quack medicine"? How are country physicians, indeed, to distinguish between them? That the formula has been published in some pharmaceutical journal, that it has been read over in the sessions of some society of pharmacutists, that it is not a secret in short, these are about all the differences that exist, and very small they are, very insignificant so far as the general public is concerned. We may go further and say that in thus making them public, often merely a form is honored, for not unfrequently the recipe so given either contains some excessively rare ingredients, (or pretends to do so), or the manner of preparing it is so complex that virtually no rival firm can compete in its production.

We have in mind a certain elixir, now much used, the formula for which has duly appeared in one of the pharmaceutical journals. Skilful apothecaries have assured us that they found it practically impossible to manufacture the article according to that formula, and they were led to believe that it was designedly published incorrectly. This is worse than quackery.

Some of the medicines extensively advertised claim no mystery, but only purity. An extract of buchu has, of late years, brought a firm an immense fortune, simply by being widely extolled as the purest and the best, and the well known virtues of the herb having been brought to the knowledge of the masses. On the other hand, many respectable medical journals advertise preparations concerning the actual value of which they know nothing, being only aware that they are not secret.

The corrective of this state of things is not easy to point out. The French oblige each druggist to deposit the formula of his various preparations with the government officials appointed for such purposes. The English allow much greater latitude, and while it is not creditable, it is not positively dishonorable for a professional man to be the owner of proprietary medicine. In this country, it is deemed sufficient, as we have said, to publish in some journal, or to communicate to some society, the constituent parts and mode of manufacture.

Physicians, having to a certain extent the public health in charge, should maturely consider whether they cannot check both the sale of patented medicines and the indiscriminate use of apothecaries' preparations. It has been suggested that a series of formulæ should be promulgated by the American Medical Association for use in particular complaints. Thus a cough syrup, a diarrhoea mixture, a plaster, or a salve, could readily be devised, combining in agreeable form some of the most efficient articles of the pharmacopœia. These might to a great extent supersede the unknown articles thrust upon the public by irresponsible firms.

It has also been suggested that a law be passed to force every secret remedy to be patented, inasmuch as the specifications of the patent are open to all, and do not prevent a physician from prescribing the same ingredients in like proportion. This also seems to us an excellent hint, and more likely to succeed than the former, though it, too, would doubtless be of service, and the two could easily be combined.

The matter should occupy a prominent place in the discussions of medical bodies, and we hope to see them take some decided action on it before long.

#### DIRTY WORK.

Being citizens of a democratic republic, we have a great respect for the dignity of labor, and think none the worse of a man on account of his business, even if it be to cleanse cloacæ. But when his occupation is to pander to the lowest passions of humanity, and when he thrusts himself forward as offering the means of satisfying criminal longings with safety, then he becomes contemptible to every right thinking mind. Still further, when a member, (or pretended member,) of the liberal profession of medicine, and a gray haired member at that, stoops to such dirty conduct, and so far disregards the respect due his title and himself, as to make his position as physician the means of disseminating a knowledge of disreputable acts, then we are at a loss for terms sufficiently forcible to express the disgust we feel at such an exhibition.

Yet, precisely this case has come to our knowledge within the past week. A printed circular has been handed us, headed:

#### MAGNETIC SAFE.

(Confidential to ladies.)

"The great and newly discovered remedy, the MAGNETIC SAFE, for the certain prevention of pregnancy, has been discovered. A simple magnetic appliance. Will prevent pregnancy without fail."

The benevolent owner adds:

"As I am trying to get these Circulars into the hands of every married lady, although you may not need it yourself, you may know of some one who would like to have it, and can forward to them immediately. Many would give thousands of dollars to get it."

"Business strictly confidential. Full directions accompany each MAGNETIC SAFE, with my views relative to pregnancy, valuable to many. The MAGNETIC SAFE, is a sure preventive of all diseases of the generative organs, an infallible cure for Leucorrhœa or the Whites, will prevent Prolapsus or Falling of the Womb, and will cure nine cases out of ten."

This is villainy enough, and disgrace bad enough, no matter who is the author; but what shall we say, when it is added that the author of this disgusting circular is a physician of Shirleysburg, Penna., claiming to be a

graduate of the University of Pennsylvania, and who dishonors his age and his profession, by thus putting himself forward as a screen for illicit intercourse!

He even goes further, and has the face to append a testimonial, signed by four prominent physicians of Pennsylvania, as follows:

"We have known Dr. R. B., for a number of years, and know him to be a Physician of high standing and superior medical ability."

(We omit the names for obvious reasons.)

We have written to two of the gentlemen whose names are appended, and ascertained, as we fully expected, that they were entirely ignorant that their names had been so used.

Their letters we append without farther comment.

"McVeytown, Pa., March 7th, 1868.

EDITORS MEDICAL AND SURGICAL REPORTER:

"Having learned that Doctor B., of Shirleysburg, Pa., has issued a circular headed "Magnetic Safe, (Confidential to ladies,)" the object of which is "for the certain prevention of pregnancy;" accompanied by a testimonial of his merits as "a physician of high standing and superior medical ability," purporting to have been signed by me, among other physicians, I take this opportunity of saying, that I never lent my name or authorized Dr. B., to use it in connection with this unholy, illicit and criminal effort to demoralize society and defraud his dupes.

Very respectfully,

A. ROTHROCK, M. D."

"Shade Gap, March 5th, 1868.

EDITORS MEDICAL AND SURGICAL REPORTER:

"Yours of yesterday came to hand this evening. I learn from it, that a person calling himself "R. B., M. D.," of Shirleysburg, is scattering circulars about the country advertising a "magnetic safe, to prevent conception," and that appended to his circular is a testimonial to his "high standing and superior medical ability," signed by several physicians, among whom my name appears. In reply, allow me to say, *this* is the very first I ever heard of the affair. I never signed a certificate of any kind for Dr. B., and never authorized him; nor anybody else, to use my name to a certificate of any kind for "R. B., M. D." I would as soon certify to the moral character of a horse thief, as to endorse a man engaged in so unholy a traffic as that to which Dr. B. seems to have dedicated himself.

Respectfully yours,

J. A. SHADE, M. D."

— PROLONGED GESTATION. Dr. P. M. RIVERS of Waterboro, South Carolina, relates a case in which a hydrocephalic fetus was retained in utero until the completion of the twelfth month. The mother was troubled with abdominal pains at term, but these subsided after three days.



## Notes and Comments.

### A Sensitive Author.

We regret to see that Dr. RUPPNER of New York, has allowed himself to write a scurrilous letter to Dr. LUTHER PARKS of Boston, editor of the *Boston Medical and Surgical Journal*, about a review of Dr. RUPPNER's work on Laryngoscopy, which appeared in that periodical. Such conduct reflects no credit on him, either as an author or a gentleman. Every one, indeed, who reads the letter as it is published at length in the *Medical Gazette*, will see that the writer has forfeited his claims to the latter title. Any one who writes for the public, would do well to submit to the criticism of the press, and not further damage himself by assaulting critics with unmannerly letters.

### A Step in the Right Direction.

We are very happy to announce that a Pathological Society has been organized by the physicians of Meadville, Pa., and vicinity, in connection with which is to be formed a library of the rarer medical works; also a museum of pathological specimens.

## Correspondence.

### FOREIGN.

#### LETTER FROM PARIS.

PARIS, Jan. 29th, 1868.

#### "Archives of Physiology."

A new literary scientific enterprise that has been undertaken with the beginning of the new year, deserves attentive notice, both on account of its intrinsic value, and of the names pledged to its support. This is a scientific review, entitled, *Archives of Physiology*, and edited by VULPIAN, CHARCOT and BROWN SÉQUARD, of whom the latter is so well known in America, and especially Philadelphia, and of whose former *Journal of Physiology*, the present archives are a resuscitation.

The first number of the archives contains, 1st., anatomical and physiological researches on the sphenopalatine ganglion, by PÆVOST; a paper on the circulation of the walls of the heart, by LANNELONGUE; memoir on the movements of certain organic bodies on the surface of water, and all applications to the theory of odors; note on the arrest of the carotid circulation during prolonged effort, by GUNYAN; description of osteite,

caries and tubercles of bones, by RANVIER; memoir on the relations of the tubercular deposit to the blood vessels, by CARNIL; researches on the pathogeny of cerebral hæmorrhage, by CHARCOT; note on the condition of the sensitive nerves in cases of sclerosis of the posterior fascicles of the spinal cord, by VULPIAN; on the arrest of violent convulsions by irritation of certain sensitive nerves, by BROWN SÉQUARD; on certain anthropathies that seem to be dependent upon a lesion of the brain or spinal cord, by CHARCOT, again; finally, a memoir on the physiological and therapeutic action of caffeine, by LEVEN, and a critical review of the German theory of traumatic fever, by HENOEQUE.

The richness of this table of contents, is an earnest of the immense treat contained within the covers of this able periodical. Several of the papers whose titles I have cited, are to be continued in the next number, and I await their conclusion before giving an account of them. But a brief abstract of some of the others, cannot, I am persuaded, be devoid of interest.

To proceed in order, therefore, the first completed memoir is that of LANNELONGUE, on the circulation of walls of the heart.

The author sets out from the observation, that although the arterial circulation of the heart is as uniform as in other organs, the greatest variety is observable in the venous; moreover, the venous circulation in the ventricles is entirely distinct from that in the auricles, where it offers a special aspect, forming a type apart, without analogy in the other systems of the economy. All the veins of the ventricles empty into the right auricle, and with the exception of the venæ Galeni, all previously converge toward the great coronary vein. The veins are very superficially placed, and are destitute of valves, except at the mouth of the coronary vein, partially closed by the valve of Thebesius. This, moreover, is insufficient to oppose the reflux of blood from the auricular cavity into the sinus of the vein.

The auricular veins likewise empty into the right auricle, with the exception of a few little vessels that go to the left. The mouths of the veins are perceived on the internal face of the right auricle, disseminated in the form of extremely small openings, amongst the great vessels emptying into the cavity. Three of these foramina are tolerably constant for situation and size, and correspond, 1st, to the mouth of the superior vena cava; 2d, opposite the coronary vein; 3d, in front of the left extremity of the appendix.

These orifices are all constructed on the same type, and only regard the cavity of the auricle

obliquely. One part of the circumference is in plane, and continues directly with the auricular wall, the other constitutes a raised falciform border, over which the endocardium is reflected in such a manner as to give the semblance of a valve; a disposition like that of the orifice of the inguinal canal. The greatest diameter of these orifices, is from 1—3 millimetres.

To each of these succeeds a sort of oblique funnel, whose walls are pierced with several tiny secondary openings. These are the mouths of two kinds of canals; the larger, result from the reunion of several foramina, the smaller are veins terminating in the others by a sort of dilatation.

The venous canals of the right auricle pass from one orifice to another amongst the fleshy fibres, separated from the endocardium by one or two muscular layers near one or the other of its extremities, each canal receives another coming from a third foramen, and it is easy to see that this union of these orifices constantly open, is introduced to provide against any interference with the circulation.

These canals are the *rendezvous* of nearly all the auricular veins, originating in a capillary network succeeding to corresponding arteries, and mainly lying under the pericardium, these veins presently become intramuscular, and continue their course parallel to the muscular fibres, but without *contracting any adherence to them*. But the canals on the contrary, present a disposition, which can only be seen after injection by some coagulating material, and then careful incision of one or two muscular layers parallel to their direction. The canal is found to be *perpendicular* to the fibre and its walls *intimately adherent to it*. The arrangement is similar to that of the uterine veins.

The microscopic examination of these canals uniting the foramina, discovers three layers; an internal epithelial tunic; a layer of flattened cells, containing lengthened nuclei, and separated from each other by a fundamental fibrillar substance; finally, a layer of conjunctive tissue, mixed with fine elastic fibres. Their walls are therefore inert, any muscular power being supplied by the fibres of the auricle in which they are plunged.

Intramuscular canals open at their two extremities, and receiving in their course numerous vessels, such is the general formula for the auricular circulation. The contrast is great with the ventricular circulation, where the veins are all superficial, never adhere to the muscular fibres, and all finally converge toward two voluminous trunks. The significance of these peculiarities is

discovered in studying the mechanism of the cardiac circulation at work.

When a muscle contracts energetically, it becomes momentarily ischemic, because on the one hand, the active compression of the arterioles prevents the arrival of blood, and on the other, compression of the veins, expels the blood which is already there, consequently, contraction of the cardiac ventricles should cause a repletion of the coronary veins, and the blood from these veins has no difficulty in passing into the auricle, which is relaxed in the diastole.

But at this moment, the blood from the auricular veins is prevented from passing freely into the cavity, precisely by the relaxed state of the auricular walls, on account of which the calibre of the veins is diminished. To this passive resistance is presently offered, that of the interior column of blood, whose tension increases continually up to the moment of the systole. At this moment, the muscular fibres in contracting, forcibly open the canals adherent to them, and the venous blood is poured into the cavity just in time to be thence expelled into the ventricle.

The concomitant phenomena may be summed up as follows:

Ventricular Systole, auricular systole.

Ischemia of the ventricular wall, repletion of the auricular vessels.

Ischemia of the auricular wall, repletion of the ventricular vessels.

But, when we find these regular oscillations of augmentation and diminution of the quantity of blood, so intimately connected with the contraction and relaxation of the different cavities of the heart, we are led to inquire if the latter may not be an effect or result of the former. Experimental physiology proves that the integrity of the parietal circulation is necessary to the movements of the heart. ERICHSEN has found that a ligature placed on the coronary veins, causes a longer persistence of cardiac contraction, and BROWN SÉQUARD has demonstrated that venous blood is the natural stimulant of muscles, including the heart. In view of all these facts, M. LANNELONGUE finds strong reason to infer that the alternate contractions of auricle and ventricle are due to the alternate afflux of blood, and the stasis which results as soon as contraction occurs in one of the two organs, it tends necessarily to determine the contraction of the other, and in its turn this last, will be the mechanical agent of a similar effect.

**Effect of Prolonged Effort on the Circulation in the Carotids.**

M. GUROU, in studying the effect of prolonged effort upon circulation in the carotids, has inge-

niously selected for observation women in the last stage of labor. In these violent and sustained efforts, during which the respiration is suspended, the beatings of the temporal artery are found to stop entirely after from six to fifteen seconds, and remain uninterrupted during two or even twelve, if the effort last so long. The same phenomenon is easily observed on the facial artery, in front of the masseter, on the labial coronary, finally on the carotid itself or its collateral branches above the thyroid cartilage, and within the anterior border of the sternocleido mastoid muscle.

Coincidentally, the radial pulse becomes weaker and more rapid, but it is not interrupted for an instant. The alteration is rendered conspicuous by the sphygmographic trace.

This local arrest of circulation (which is noticed in all efforts as violent and prolonged as that of the expulsive period of labor) must of course be attributed to some local circumstance. The relation of the carotids and thyroid gland immediately attracted the attention of M. GUVON, as probably containing the clue to the mystery. These relations are constant and extensive; sometimes during four centimetres, the carotid is in close proximity to the gland.

The gland is immediately covered, except behind, with a complete muscular envelope, formed by the sterno-hyoid, sterno-thyroid, and omo-plato-hyoid muscles, all united intimately together by the cervical aponeurosis. It is, as every one knows, enormously vascular, and subject to variations in volume connected with obstructions to the superior venous circulation, whether from suffocation, asphyxia, or even pregnancy. The fact that the thyroid body is generally larger in women than in men, would seem to imply a special adaptation to this last condition.

Direct experiments have also served to prove the change of volume in the gland. M. MAIGNIEN forced two dogs of the same size to a violent race, and then killed one of them immediately with prussic acid. The thyroid body was very large and full of blood. The other dog was allowed to recover the normal condition of his respiration and circulation, and then similarly sacrificed. The thyroid lobes were less voluminous by a third than in the other case, less turgescient and less consistent.

Now, on account of the dense muscular and aponeurotic sheath that passes in front of the thyroid gland, it is compelled, in the case of these temporary hypertrophies, to extend posteriorly, and in so doing it compresses the carotids with considerable energy. This compression, re-

sulting from the augmented volume of the gland, is reinforced by the muscular contraction of the cervical muscles, (also a direct result of prolonged effort,) which immobilizes the thyroid, and presses it against the vertebral column.

The benefit derived from this phenomenon is as valuable as unexpected. Compression of the carotids diminishes or even arrests the arterial circulation of the encephalon, which, during prolonged effort, is exposed to a certain amount of danger from the venous stasis. To render this stasis as little burdensome as possible, the supply of blood rush to the brain is thus ingeniously cut off, and by the same movement diverted into the thyroid gland.

This view is confirmed by an observation made by GRATIOLLET on the hippopotamus, with whom the stylo-hyoid and digastric muscles are so applied against the carotid, that the least contraction serves to interrupt the flow of blood to the head. "This disposition," says the eminent observer, "seems designed to provide against cerebral congestion during the long suspensions of respiration familiar to the hippopotamus."

(To be continued.)

## News and Miscellany.

### MEDICAL COLLEGE COMMENCEMENTS.

#### JEFFERSON MEDICAL COLLEGE.

At a public Commencement, held on the 7th of March, 1868, the Degree of *Doctor of Medicine* was conferred on the following gentlemen by the Hon. EDWARD KING, LL. D., President of the Institution, after which a Valedictory Address to the Graduates was delivered by Prof. GROSS.

The title of the address was "THE LIVE PHYSICIAN." The Professor commenced by extending to the graduating class his congratulations and those of their late teachers, and then proceeded to depict for their instruction those characteristics and traits which go to make up the honored and successful practitioner.

He told them they would have to wait and to work; that they should not seek "openings" and "opportunities," but make their own way. He repelled the idea that a man must live in a great city, or have rare or uncommon advantages to become a really worthy member of the profession. He closed by advising the young men to marry early, for a good wife is ever a help, and not a drawback to an earnest man.

The following is a list of the graduates:

*Vermont*—James Lewis, (M. D.)

*Massachusetts*—Benjamin H. Hartwell, Wm. C. H. Needman, (M. D.), Edw'd A. Todd.

*New York*—Henry W. Streeter.

*New Jersey*—Alonzo W. Green, Edw'd North, Clement S. Seagrave.

*Pennsylvania*—W. B. Alexander, H. C. Bacon, J. M. Barton, Geo. H. Beneke, Israel Betz, S. W. Boggs, E. Brallier Thos. S. Butcher, J. W. Chisholm, J. M. Cooper, G. W. Cornell, E. E. W. Corson, Jas. L. Crawford, J. S. Dickson, J. R. Diller, Cadwallader Evans, Edw'd Everett, Wm. Eves, Chas. Garver, S. B. Heckman, Amos H. Helm, J. S. Herbein, A. L. Hill, W. J. Hillis, P. B. Housekeeper, John C. Hunter, S. D. Jennings, J. D. Johnson, Wm. Johnson, J. H. M. Karsner, J. V. Kelly, S. M. Kelso, J. Koehl, S. H. Laidley, S. Lazarus, A. L. Leach, J. E. Laughlin, P. W. B. Ludwig, F. L. Marsh, Thos. J. Mays, D. M. McCune, J. McGuigan, E. W. Meisenhelder, W. Mensch, A. H. Metz, J. M. Miller, E. K. Mott, M. B. Musser, Chas. Newman, Jas. Ogleby, Jas. A. Peeples, B. W. Preston, Richard W. Pryce, A. M. Ramsey, M. A. Rhoads, J. M. Ripple, T. C. Robinson, G. M. Shillito, P. H. Shultz, Stanley Smith, B. F. Spangler, Jas. Van Buskirk, Dan'l R. Van Reed, W. L. Whann, (M. D.), B. F. Whitmer, Wm. H. Woodburn.—67.

*Delaware*—John L. Polk.

*Maryland*—H. Buhrman, D. D. Carter, Rob't B. Davy, J. E. Graham, A. A. Miller, T. D. Myers, I. Sappington, Jr., J. L. Steffey, S. L. West.—9.

*Virginia*—John D. Carter, John H. Fultz, J. W. Gilkeson, Fred. Huffman, J. K. Patterson.

*North Carolina*—Zachary T. Brooks, E. R. Dorsett.

*South Carolina*—Geo. R. Dean, J. A. Robinson, S. Moffatt Wylie.

*Georgia*—W. G. Armstrong, S. H. Dessau, B. R. Dostor, C. W. Johnson, C. R. Mann.

*Florida*—W. H. Underwood.

*Alabama*—C. C. Arms, B. M. Hughes, (M. D.)

*Mississippi*—Wirt Johnson, N. B. Spratt.

*Texas*—Thos. A. Andrews.

*Arkansas*—A. H. Scott, Claiborne Watkins.

*Missouri*—A. V. Banes, S. L. Brooking, Craven Jackson, Edw'd Ragsdale, R. D. Shannon, J. W. Stewart, (M. D.), R. B. Wallace.—7.

*Tennessee*—S. T. Blair, (M. D.), A. D. Brown, John P. McFarland, John A. Parkinson, Rob't M. Rhea, H. Sienknecht, (M. D.), Rob't L. C. White.—7.

*Kentucky*—Thos. T. Bradford, John G. Brooks, G. A. D. Brown, Roger Q. Drake, John L. Dulin,

Jas. W. Holland, John P. Jones, (M. D.), L. M. Lovelace, R. R. Wheatly.—9.

*West Virginia*—Wm. F. Van Kirk.

*Ohio*—Joseph C. Gordon, Jas. S. Kehoe, S. W. Keister, Angus Noble, W. E. W. Sheppard, David R. Silver.

*Indiana*—John Ballard, Louis S. Baxter, J. H. Krouse, (M. D.), J. J. Mathers, W. D. Mull, T. J. Richards.

*Illinois*—Robt. T. Bradley, M. H. Cassell, Jr., John B. Davidson, W. F. Docker, H. H. Long, John N. McKelvey, John M. Waters.

*Iowa*—E. J. B. Statler, (M. D.).

*Wisconsin*—John S. Lewis.

*California*—John K. France.

*British Possessions*—Robert Armstrong, Canada; Arch. Maxwell, Nova Scotia.

*Foreign*—Wm. Ekwarzel, Sweden; Arnold Schott, Prussia; Joaquin M. Quilez, Cuba.

Total—159.

#### OHIO MEDICAL COLLEGE.

The following is a list of the graduates:

*Ohio*—James L. Brown, Girard Bailey, George V. Carpenter, Wm. J. Conklin, Seth H. Cook, Anderson N. Ellis, Adolphus B. Frame, John A. Francis, Edward P. Gould, Madison Hammel, Wm. E. Henry, Stafford R. Hamer, Leroy S. Holcomb, Samuel Jepson, John H. Kennedy, Arthur W. T. Lyle, Wm. G. Lander, Matthias R. Mitchell, James C. McMeekan, Aaron Morris, Wm. J. Murray, John J. Medicott, Wm. E. Myres, Albertus W. Ridenour, Doek Wm. Richardson, Wm. P. Spurgeon, Wm. J. Strofe, John H. Van Eman.

*Indiana*—Wm. C. Cole, John C. Cullum, Hiram C. Fisher, Wm. S. Houghland, Robert A. Jamison, Thomas H. Lane, Joseph D. Larimore, Alex. J. Montgomery, Alfred S. Remy, Adolphus C. Speck, David A. Thompson, A. Noble Vanee, Geo. W. T. J. White, Charles E. Wright, James F. Wallace, Geo. W. Zimmerman.

*Kentucky*—John S. Bryan, John L. Cleveland, James P. Mooklar, McHenry Raymond, John B. Thompson, Robert H. Thornton.

*W. Virginia*—Charles B. Golden.

*Illinois*—Bryant Grafton, Richard J. Watts.

*Mississippi*—John A. Gunn.

#### The Nerve of Nerves.

It was lately announced at the French Academy of Sciences that M. SAPEY had discovered the *nervi nervorum*, known to exist, but which had not been before distinctly traced. On examining the mucous membrane with the microscope, he found around each nerve minute filaments in-



closing a canal, in which the nervous pulp was lodged.

#### Association of Superintendents of Institutions for the Insane.

The Twenty-second Annual meeting of the Association of Medical Superintendents of American Institutions for the Insane, will be held at the "American House," in the city of Boston, commencing at 10 o'clock, A. M., June 2, 1868.

By a standing resolution of the Association the Trustees of the different institutions for the Insane are invited to attend the meeting.

Attention is particularly called to the following resolutions adopted at the last meeting:

"Resolved, That the Project of a Law be assigned as the first business of the next meeting, and that the Secretary notify the members of that fact in the regular notice of the meeting."

"Resolved, That the Secretary when giving notice of the time and place of the next meeting, be requested to urge on members the importance of prompt attendance at the organization, and of remaining with the Association till the close of its sessions."

JOHN CURWEN,  
Secretary.

#### To Army Surgeons.

If this meets the eye of the Surgeon who was in charge of Cumberland Hospital, Nashville, Tenn., July, 1865, he is respectfully requested to send his address to SUSAN STAHL, widow of SAUEL STAHL, formerly of Company B, 51st O. V. I., who died at the above named hospital, July 12, 1865. And if this is seen by Sergeant S. M. DOHERTY, who was present when Mr. STAHL died, he will please send his address to Mrs. STAHL. Evidence is wanted of STAHL's death to enable his widow to have a pension allowed. As she has a family of small children dependent on her, it is hoped any one who can assist her to the necessary evidence will do so.

Address SUSAN STAHL, care of D. LONGNECKER, Covington, Miami County, Ohio.

#### Marriages of Consanguinity.

In the New York Legislature a bill has been introduced, providing that it shall be unlawful for one first cousin to engage or agree to marry another first cousin of the same consanguinity. Any person violating the proposed law, may be punished by fine of not more than \$1000, or imprisonment for not longer than one year, or both fine and imprisonment.

— **SORE NIPPLES.** Dr. BLAQUIERRES says in the *Journal des Connaissances Medicales*, that three or four applications of the following compound cures this complaint: Cocoa butter, 150 grains; extract of rhatany, 10 grains.

#### Animal Mechanics.

The Rev. SAMUEL HOUGHTON, of Trinity College, Dublin, already favorably known to the scientific world by his investigations relating to animal physiology, has lately furnished new proofs that the force of a muscle is proportioned to the area of its cross-section, and that of the tendon which conveys its power to a distant point. He estimates the contractile force of muscle generally at 109.4 lb per square inch of cross-section.

#### Sanitary Success.

From a paper read before the Society of Civil Engineers, in Exeter Hall, London, by B. LATHAM, C. E., it appears that 650 towns are now governed by the Public Health act of 1848, and with great benefit to the various localities. Twelve towns were named in which the typhoid fever had been reduced from 40 to 75 per cent.; phthisis from 41 to 49 per cent. In one town, Croydon, the total saving in thirteen years amounts to £239,998.

#### CHANGES IN THE NAVY.

List of changes in the Medical Corps of the Navy, during the week ending March 7th.

Surgeon George S. Beardsley, ordered to the U. S. Receiving Ship "Independence," Navy Yard, Man Island, Cal.

#### TO ADVERTISERS.

— Last year over ONE HUNDRED AND SIXTY THOUSAND copies of the REPORTER were circulated, reaching every section of the country—North, South, East, and West—besides the adjacent British Possessions, the West Indies, South America, Great Britain, and other foreign countries.

There is no better medium for reaching the medical profession than is offered in its pages.

Early in April we propose to issue an EXTRA EDITION of several thousand copies, which will be an excellent time to begin advertisements. Extra editions will be issued occasionally—probably as often as every three months.

Advertisements intended for that number should be received by the first of April.

— Liberal Discounts made for advertisements sent directly to this office, and when payments are promptly met.

[Notices inserted in this column gratis, and are solicited from all parts of the country; Obituary Notices and Resolutions of Societies at ten cents per line, ten words to the line.]

### MARRIED.

**CHALFANT-FINLEY.**—In the Presbyterian Church, New Salem, Pa., on the 18th ult., by Rev. Samuel Wilson, D.D. O. D. Chalfant, M. D., and Miss Violet, daughter of Ebenezer Finley, Esq., all of Fayette co., Pa.

**KAROW-CLARK.**—Feb. 25th, at the residence of Dr. John Clark, in Mechanicsburg, O., by Rev. J. W. Mason, Mr. Robert R. Karow and Miss Anna Clark.

**WILFORD-WILLET.**—Feb. 27th, in East Pembroke, N. Y., by Rev. G. S. Corwin, Dr. J. B. Wilford, of Chicago, Ill., and Miss Sarah M. Willett, of East Pembroke.

### DIED.

**BELL.**—At Peekskill, N. Y., March 2, Dr. Charles Bell, aged about 40 years.

**COAD.**—In this city, March 11th, Dr. Joseph R. Coad, aged 38 years.

**GARNSEY.**—At Batavia, Ill., Feb. 23, at the residence of her father, Dr. C. Alex. Garnsey, Laura Isabella, in the 25th year of her age.

**GIBSON.**—At Savannah, Ga., on the 2d inst., Dr. William Gibson, formerly of this city, Emeritus Professor of Surgery in the University of Pennsylvania.

**LEAMAN.**—In Lancaster co., Pa. Feb. 26th, Charles McClung, son of Dr. Brainerd and Josephine E. Leaman, aged 3 months and 20 days.

**McELROY.**—Dr. McElroy fell dead on Tuesday evening, March 3d, at Nicetown, Pa. The Doctor was out sleighing, accompanied by his wife.

**NEBINGER.**—In this city, March 8th, Dr. Geo. W. Nebinger, in the 44th year of his age.

### OBITUARY.

Dr. Isaac Lincoln.

Dr. ISAAC LINCOLN, of Brunswick, Me., died on the 6th inst. He was probably the oldest physician in the State. Dr. LINCOLN was a native of Massachusetts, and graduated at Harvard College in 1800. He was the last surviving member of the class of which WASHINGTON ALLSTON, Dr. LOWELL, and Chief-Justice SHAW were members. He has been a successful practitioner in Brunswick for more than half a century, although retired from active business for several years past. He has long been an influential leader of the Congregational Church, a member of the College Corporation, and a prominent citizen.

### ANSWERS TO CORRESPONDENTS.

**Dr. R. D., of Pa.**—As good a manual of instruction as any on the subject of the medical employment of electricity is Garratt's. We do not ourselves know whether each of the six currents of Kidder's battery has a different effect on the nervous system. It were difficult to establish this point, we imagine.

**Dr. J. P. De B.**—You question the propriety of the advertisement of Launcelotti's Cigarettes and the Injection Brou in the REPORTER. But these are not secret preparations. You will find the formulae in the *Union Pharmaceutique*, July, 1864, and copies have been sent our office by the advertiser.

### METEOROLOGY.

February,	24.	25.	26.	27.	28.	29.	M. 1.
Wind.....	N. E.	N. E.	N. E.	N. E.	W.	W.	E.
Weather.....	{ N. E.	{ N. E.	{ N. E.	{ N. E.	{ W.	{ W.	{ E.
	Snow.	Snow.	Cl'dy.	Snow.	Snow.	Clear.	Snow.
Depth Rain.		6 in.	8-10				
Thermometer.							
Minimum.....	7°	15°	16°	20°	23°	14°	8°
At 8, A. M.....	12	21	25	29	31	23	20
At 12, M.....	17	25	28	37	37	30	23
At 3, P. M.....	19	24	28	37	34	29	23
Mean.....	13.75	21.25	24.25	30.75	31.25	23.75	18.50
Barometer.							
At 12, M.....	30.7	30.6	30.5	30.	29.8	30.	29.5
Germantown, Pa.				B. J. LEEDOM.			

## PHILADELPHIA SUMMER SCHOOL OF MEDICINE.

ROBERT BOLLING, M.D.  
JAMES H. HUTCHINSON, M.D.  
H. LENOX HODGE, M.D.  
EDWARD A. SMITH, M.D.  
D. MURRAY CHESTON, M.D.  
HORACE WILLIAMS, M.D.  
GEORGE C. HARLAN, M.D.

The Fourth Session of the PHILADELPHIA SUMMER SCHOOL OF MEDICINE will begin March 1st, 1868, and will continue until October.

CLINICAL INSTRUCTION will be given from the first of March to the first of October.

LECTURES AND EXAMINATIONS will take place daily during April, May, June, and September.

### EXAMINATIONS.

ANATOMY, CHEMISTRY, PHYSIOLOGY,  
SURGERY, MATERIA MEDICA, OBSTETRICS,  
PRACTICE OF MEDICINE.

**OPERATIVE AND MINOR SURGERY.**—Lectures, and Demonstrations of Bandaging and Dressing of Fractures upon the Manikin and of Surgical Anatomy and Operations upon the Cadaver, by H. LENOX HODGE, M.D.  
**PERCUSSION AND AUSCULTATION IN DISEASES OF THE LUNGS AND HEART.**—Lectures and Clinical Examination of Patients, by JAMES H. HUTCHINSON, M.D.

**MICROSCOPE.**—The structure of the Microscope, and the manner of using it, will be explained, and the microscopical appearance of the tissues and fluids in health and disease will be exhibited by HORACE WILLIAMS, M.D.

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